APR/11/2022/MON 12:08 PM PRO PACK SHIP	FAX No 84	3 626 2324	P. 001	Ą
11/1/2021/101/12:00 11/101/01/01/1	1100 100, 01,	J 020 2321	1,001	CE
STATE OF SOUTH CAROLINA)			ACCEPTED
(Caption of Case))	BEFORE PUBLIC SERVICE		Ö
(Caption of Case) Bxample: Application for a Class C Charter Certificate from	<i>,</i>	OF SOUTH CA		FOR PROCESSING
John Doe dba Doe's Limo)	RANSPORTATION	COVED SHEET	PR
)	WHO OKIMION	COVERSILEE	OCE
CoolBrecze. Com, LLC	,	CKET		SS
) NUM	/BER:		NO.
	have a Dock	our first time filing an applicated Number. The Commission before the entered above.	ion will assign one lo you	will ho
(Please type or print) Submitted by:	Telepho	ne 843	-241 - 818	pri
			,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	12
Address: 400 Ladykirk Ln	Fax:		· · · · · · · · · · · · · · · · · · ·	- 1 3
Mystle Beach, SC 29579	<u> </u>		acing 110 k	
NOTE: The cover sheet and information contained herein neither re	Email:			
as required by law. This form is required for use by the Public Service.	vice Commission o	of South Carolina for the	purpose of docketing an	d m y s
be filled out completely. NATURE OF ACT	ION (Charle att	that apply)		<u>S</u>
NATURE OF ACT	ION (Check an	тпат арріу)	B/1	-2
Application - Class A/A Restricted		Request for Name	Change on Certificate	22-
Application - Class C Taxi			l Scope of Authority	2022-139-T
Application - Class C Charter RECEI	VED	Request to Amend	l Tariff (rate increase,	etc <u>:</u>)
Application - Class C Charter Bus		Request to Amend	l Tariff (rate increase, l Passenger Limit	age
Application - Class C Non-Emergency		Request) 1 of
Application - Class C Stretcher Van PSC MAIL/		Exhibit		f 10
Application - Class E Household Goods		Late-Filed Exhibit	t_	
Application - Class B Hazardous Waste		Letter		
Application		Proposed Order		
Request for Extension to Comply with Order		Publisher's Affida	ıvit	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Reservation Letter

Return to Petition

Response

Other:

Request for Order Granting Authority to Obtain a Certificate

of Public Convenience and Necessity to be Rescinded

Request for Cancellation of Certificate

Request for Suspension

Request for Reinstatement

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR **OPERATION OF MOTOR VEHICLE CARRIER**

11/	2022/MON 12:08 PM PRO PACK	SHIP FA	AX No. 843 626	2324	P. 002	ACCE
	PUBLIC	SERVICE COMMISS 101 Executive Cent				TED F
		Columbia, South	Carolina 29210)		OR.
	Ph	one: (803) 896-5100	Fax: (803) 8	96-5199		PROC
	APPLICATION FOR CERTION OPERA	FICATE OF PUBLIC TION OF MOTOR V			SITY FOR	ACCEPTED FOR PROCESSING
			Date:	4-11-2	2	3 - 202 <mark>2</mark> April 12
CI	ASS C - TAXI					₽ Apr
						ii 12
	plication is hereby made for a Certi			essity, in accordance	e with the provision	
OL i	S.C. Code Ann., § 58-23-10, et seq.	(1970), and amendme	nts increto.			PM -
1.	. 10					SCPS
1. 1	C.00/Brc = z = .Com Name under which business is to be con	nducted (corporation, pa	rtnership, or sole	proprietorship, with	or without trade nar	S ne
	400 Lady Kirk Ln	Martle Be	ach SC	29579		2022
-		J Street Address	of Applicant			2022 139-1
-	Mailing	Address of Applicant (it	f different from st	reet address)		끅
	_	'		,		Page
-	Phone			Fax		у ф 2
_	843-241-8183 Phone Speedy racin	4/16 Pahoo.	COM		N	of 1
2.	If the Applicant is an LLC or a con			xistence from the S	South Carolina	J
	Secretary of State and the Articles Carolina Secretary of State "Foreig	of Incorporation must be	e attached. (If in			th
3.	Select Entity Type: (Check one)	مراد المساهد ا				
	✓ Individual Owner/Sole Proprie✓ Partnership - List names and a	-	harring an intere	at in the business		
	☐ Corporation - List names and a	-	_	st in the business.		
	James Kostare		•			
						
		<u> </u>				_
		1 of	28			_

Financial Statement

1/2022/MON 12:08 PM PRO PAG	CK SHIP	FAX No. 843 626 2324	P. 003	ACCE
Applicant is financially able to fi statement of assets and liabilities		pecified in this application and submits th	e following	ACCEPTED FOR PROCESSING
	Financial St	atement		OR F
Applicant's assets and liabilities a	are as follows:			ROC
Assets:		<u>Liabilities:</u>		ESS
Value of Real Estate		Mortgage/Loan on Real Estate	~	N
Value of Motor Vehicles	35,000	Loans Owed on Motor Vehicles		202
Cash on Hand	.3,000	Business/Other Loans Owed		\ <u>\</u> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Cash in Bank	6,000	Other Liabilities or Debts		
Value of Other Assets and Equipment	1,000	Total Liabilities		1:34 P
Total Assets	45,000			≤ - 0
				2022 April 12 1:34 PM - SCPSC - 2022-139-T -
INSTRUCTIONS:				22-
Company/Business Applyin	ig for a Certificate.	market value of any real property/buildings o		139-T -
 "Mortgage/Loan on Real Est by the Real Estate listed in I 	ate" means the outstandi Item 1.	ng balance on any Mortgage, Equity Line or a	other Loan secu	Page 3
 "Value of Motor Vehicles" n owned by the Company/Bus 		stimated value of any moving vans, trucks or rtificate.	other vehicles	of 10

- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

3.50 Drop charge # 2.80 Per Mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lec	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

1/2022/MON 12	:09 PM	PRO PACK SHIP	FAX No. 843 626 2324	P. 005	ACCEPT
		DESCRIF	TION OF EQUIPMENT		ED F(
You are not requiyou will be requi	iired to d ired to ha	own a vehicle to file an ave obtained a vehicle.	TION OF EQUIPMENT application. However, prior to being issued a cuipped to Carry: (The number of passengers a he vehicle, including the driver's seatbelt.)	certificate by ORS,	OR PROCESSII
			uipped to Carry: (The number of passengers a he vehicle, including the driver's seatbelt.)	vehicle is equipped	۷G - 2022
—		including driver			2022 April 12 1:34 PM -
MAKE	YE	AR & MODEL	VIN#	EMPTY WEIGHT	- SC PSC
2014	bod	ge Grand Carau	2C4RDGCG7ER 41101	7 4437)C -₁2022-139₁T - Page 5 of 10

This form MUST BE COMPL	ETED.
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INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the Contract of the Commission, a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the Contract of the Commission, a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the Contract of the Commission, a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the Contract of the Commission, a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the Contract of the Commission, a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the Contract of t

The following insurance quote is fo	or:	SS
coolbreeze, con	n, LLC	-SSING
	Name of Applicant	- 2C
400 Lady Kirk Ln M	nythe Beach sc 29579	2022
/	Address of Applicant	April 12
Amount of Premium:	Limits Quoted: (See Below)	12
Liability Insurance \$ 2,278	8. 000 Limits 25,000/25,000	1:34 PM
The above quoted premium is for	· · · · · · · · · · · · · · · · · · ·	1
Minimum Limits - Intrastate On	ly:	SCPS
1-7 Passengers*	\$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehic)(e)
8-15 Passengers* S	25,000/100,000/25,000 including the driver's seafbelt	202
Hospital	Name of Insurance Company	2022-139 - T
ľ	. ==-	1
1951 Pisanh	Rd 51c 121 Florance SC 29501 Home Office Address of Company	Page
	Home Office Address of Company	0
		of 1

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

CoolBreez	e, com, LLC	
	Name of Applicant	
1. Are there currently any o	outstanding judgments against the Applicant?	
O Yes	X No	Ì
If Yes, list judgements l	nere:	
		ī
		9
		-
		9
		1
2. Is Applicant familiar wit	th all statutes and regulations, including safety r	egulations and governing for-hire motor
statutes and regulations?	th South Carolina, and does Applicant agree to	operate in compliance with these
	() No	
X Yes	O No	insurance premium costs associated
		-
3. Is Applicant aware of the therewith?	e Commission's insurance requirements and the	insurance premium costs associated
Yes	O No	

Exhibit on Driver Qualifications

1.		that all drivers must be a mi	imum of 18 years of age.	
	X Yes	O No		
2.	and such record from the		river's three (3) year driving reconnicion the driver is or has been domici	
	X Yes	O No		
				547
3.	2.0	that a criminal history backs the Applicant's business offi	round check from the state where ce.	the driver currently live
	⊗ Yes	O No		
	<u></u>			
4.	their possession when state of residence of the	operating a charter vehicle, a	ehicle under a Class C Taxi Certi valid driver's license issued by the	
	Yes	O No		
5.	vehicles to drivers who		ate holders are prohibited from e be registered, as sex offenders v gistry of sex offenders.	

O No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable	box:
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	The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina
M	through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.
7	mail address as it appears on page one of this Application. To sign up for exervice notifications, please visit www.psc.sc.
	gov to create a My Divis account.

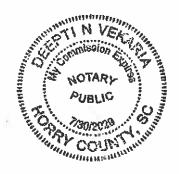
The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

> plicant's Signature Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA COUNTY OF HORRY SWORN TO BEFORE ME day of APKIL

Commission Expires



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

coolbreeze.com, Ilc, a limited liability company duly organized under the laws of the State of South Carolina on April 9th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 11th day of April, 2022.

Mark Hammond, Secretary of State